

DEPENDENT CLAIM
FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)

SERIAL NO. **10/539271**
 APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
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30		0				
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45		0				
46						
47						
48						
49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	43	←		←		←
TOTAL CLAIMS	45					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						